URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–034597

FILED OCT 13 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2656

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b: 11 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 405 Greenleaf Dr.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: ANDREW Middle: P. Last: RODGERS

4. DATE OF DEATH Month: 10 Day: 4 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 11-29-1873

9. AGE (last birthday): 85

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Furnace

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Richard Rodgers

13b. MOTHER'S MAIDEN NAME: Mathilda Gooding

14. NAME OF HUSBAND OR WIFE: Mary E. Raby Rodgers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 498-10-9132

17. INFORMANT: Robert G. Rodgers, Address: above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lung ABSCESS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) PULMONARY TUBERCULOSIS — UNKNOWN

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
CEREBRAL Thrombosis.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-23-1959 to 10-4-1959 and last saw ~~him~~ him alive on 10-4-1959
Death occurred at 5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald C. Passmore (Degree or title) MD.

22b. ADDRESS 601 S. BRENTWOOD BLVD

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-7-1959

23c. NAME OF CEMETERY OR CREMATORY: St. Peter's Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.: 10-6-59

26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed H F Burgess

Signature of Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.